

AMENDMENT 3  
 AMENDED AND RESTATED  
 FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
 MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
 EXHIBIT B: Continuous Quality Improvement (CQI) Process  
 for Behavioral Health Performance Measures  
**Contract No. P1636.3**

Table of Contents

I. Introduction .....2

II. Measure Development.....2

III. Technical Assistance .....2

IV. Performance Monitoring .....2

    1. Performance Improvement Plan (PIP).....2

    2. Corrective Action Plan (CAP).....2

V. Performance Measures .....3

    A. Suicide Screening Measure .....3

    B. Same Day Access Measures.....3

    D. SUD Engagement Measure (Block Grant SAMSHA/DBHDS Requirement) .....3

    E. DLA-20 Measure.....3

VI. Additional Expectations and Elements Being Monitored .....3

    A. Outpatient Primary Care Screening and Monitoring.....4

        1. Primary Care Screening.....4

        2. Antipsychotic Metabolic Screening .....4

    B. Outpatient Services.....4

    C. Service Members, Veterans, and Families (SMVF).....4

    D. Peer and Family Support Services .....5

Attachment 1 .....6

AMENDMENT 3  
AMENDED AND RESTATED  
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
EXHIBIT B: Continuous Quality Improvement (CQI) Process  
for Behavioral Health Performance Measures  
**Contract No. P1636.3**

**I. Introduction**

The Department, the Community Services Boards and Behavioral Health Authority (CSB) are committed to a collaborative continuous quality improvement (CQI) process aimed at improving the quality, transparency, accessibility, consistency, integration, and responsiveness of services across the Commonwealth pursuant to Code §37.2-508(C) and §37.2-608(C). Exhibit B establishes the CQI framework through which CSBs, providing community behavioral health services, and the Department engage in the CQI processes that are established to track progress towards meeting established benchmarks, identify barriers to achievement, and understand and address root causes that impacts progress. For the purposes of this Exhibit, “benchmark” is defined as the measure target for achievement that is established by the Department in collaboration with CSB.

**II. Measure Development**

The establishment of benchmarks is a collaborative process with the CSBs and exists as part of the Department’s Behavioral Health Measure Development and Review process (See Attachment 1).

**III. Technical Assistance**

An opportunity for technical assistance exists when a CSB requires support in meeting an established goal. The following graduated response will be employed to support the CSB to achievement.

**Technical Assistance (TA)**

For the purposes of this Exhibit, technical assistance (TA) is defined as targeted, collaborative support provided by the Department to CSBs for the purposes of improving performance on the core measures outlined in [Section V](#) of this exhibit. The Department may initiate the process for its provision of TA when a CSB’s performance does not meet the benchmark. Upon receipt of Department notification of the requirement for CSB participation in TA, the CSB shall respond to the Department within 10 business days to confirm receipt and establish next steps.

Additionally, TA may be requested by the CSB at any time. A CSB may request TA from the Department by completing the [Exhibit B TA Request form](#). The Department shall respond to the CSB request for TA within 10 business days to confirm receipt and establish next steps.

The Department will work to address CSB-raised concerns or identified Department data issues as part of the technical assistance process.

**IV. Performance Monitoring**

**1. Performance Improvement Plan (PIP)**

Develop a Performance Improvement Plan (PIP). For the purposes of this Exhibit, a PIP is defined as a written, collaborative agreement between the Department and the CSB that identifies specific action steps required to support the CSB in meeting identified benchmarks for core performance measures as outlined in [Section V](#) of this exhibit. A PIP will not be entered into until at least 6 months of TA has been provided in order to allow for the review of at least 2 quarters of data, or as otherwise established by the Department.

**2. Corrective Action Plan (CAP)**

In the event PIP implementation does not result in improvement regarding core performance measures pursuant to [Section V](#) of this exhibit; the Department may seek other remedies as outlined in the Compliance and Remediation section of the performance contract such as initiating a CAP. For the purpose of this Exhibit, a CAP is defined as a written plan to address lack of achievements with identified benchmarks for

AMENDMENT 3  
AMENDED AND RESTATED  
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
EXHIBIT B: Continuous Quality Improvement (CQI) Process  
for Behavioral Health Performance Measures  
**Contract No. P1636.3**

core performance measures outlined in [Section V](#) of this exhibit. The Department may also find it necessary to enter into a CAP with the CSB in circumstances where the severity of the issue(s) is determined to be necessary for a CAP versus a PIP. If the CSB refuses to participate in the TA and/or PIP process, a CAP will be initiated by the Department. If the CSB disagrees with the CAP they shall utilize the Compliance and Remediation of the performance contract.

**V. Performance Measures**

**CSB Core Performance Measures:** The CSB and Department agree to use the CSB Core Performance Measures, developed by the Department in collaboration with the VACSB Data Management, Quality Leadership, and/ Quality and Outcomes Committees (Q&O) to monitor outcome and performance measures for the CSBs and improve the performance on measures where the CSB falls below the benchmark. These performance measures include:

**A. Suicide Screening Measure**

Percent of individuals ages six and older that receive Columbia Suicide Severity Rating Scale screening within 30 days before or 5 days after a new MH or SUD case has been opened.

**Benchmark:** The CSB shall conduct a Columbia Suicide Severity Rating Scale screening for at least 86 percent of individuals with a new MH or SUD case opening.

**B. Same Day Access Measures**

**ISERV Definition:** The percentage of new consumers with initial comprehensive needs assessment provided within 10 business days of first contact as well as the mean number of days from the first contact. DBHDS and CSB will collaborate to determine how to collect this information in FY26.

**Benchmark:** CSB and DBHDS will work together to establish by SFY27

**C. Appointment Kept:** Percentage of new consumers with initial comprehensive needs assessment who keep and attend a follow up appointment within 30 days.

**Benchmark:** At least 70 percent of the individuals seen in SDA who are determined to need a follow-up service will return to attend that service within 30 calendar days of the SDA assessment.

**D. SUD Engagement Measure (Block Grant SAMSHA/DBHDS Requirement)**

Percentage of individuals 13 years or older with a new episode of substance use disorder services as a result of a new SUD diagnosis who initiate services within 14 days of diagnosis and attend at least two follow up SUD services within 30 days.

**Benchmark:** The CSB shall have at least 65% of SUD clients engage in treatment per this definition of engagement.

**E. DLA-20 Measure**

The percentage of individuals receiving STEP-VA services assessed using the DLA-20 who demonstrate improvement in their DLA-20 score over a 6-month period.

**Benchmark:** CSB and DBHDS will work together to establish by SFY27

**VI. Additional Expectations and Elements Being Monitored**

The data elements and expectations of this section are active expectations regarding CSB operations and implementation. The Department in collaboration with the VACSB Data Management, Quality Leadership, and Quality and Outcomes Committees will monitor outcome and performance measures in this section.

AMENDMENT 3  
AMENDED AND RESTATED  
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
EXHIBIT B: Continuous Quality Improvement (CQI) Process  
for Behavioral Health Performance Measures  
**Contract No. P1636.3**

**A. Outpatient Primary Care Screening and Monitoring**

**1. Primary Care Screening**

**Measures** - The percentage of Adults with a SMI diagnosis and children with SED, engaged in MH CM and Psychiatry services, who receive an annual primary care screening to include height, weight and therefore, BMI.

**Benchmark** - CSB and DBHDS will work together to establish by SFY27.

**Outcomes** - To provide yearly primary care screening to identify and provide related care coordination to ensure access to needed physical health care to reduce the number of individuals with serious mental illness (SMI), known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions.

**Monitoring**- CSB must report the screen completion and monitoring completion as required by DBHDS.

**2. Antipsychotic Metabolic Screening**

**Measures** - The percentage of individuals, receiving STEP-VA services, over the age of 3 years old, receiving antipsychotic medications prescribed by a CSB, who have undergone metabolic screenings within 1 year of identification and comply with recommended metabolic screening schedule (at least annually)

**Benchmark** - CSB and DBHDS will work together to establish by SFY27

**Outcomes** - To provide screening in order to identify and provide related care coordination to ensure access needed to physical health care as well as additional information for psychiatric providers.

Individuals with serious mental illness (SMI) or serious emotional disturbance (SED) are known to be at higher risk for poor physical health outcomes.

**Monitoring** - CSB must report the screen completion and monitoring completion as required by DBHDS

**B. Outpatient Services**

Outpatient services are foundational services for any behavioral health system. Outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychiatry, psychological testing and assessment, laboratory, and ancillary services.

**Measures** - Percent of CSB Outpatient provider staff that have received the required 8 hours of trauma focused training within the first year of employment and 4 hours in each subsequent year or until 40 hours of trauma-focused training can be demonstrated

**Benchmark** - Benchmark is 95% of above-mentioned staff.

**Monitoring:** Provide training data regarding required trauma training yearly in July when completing evidence-based practice survey.

**C. Service Members, Veterans, and Families (SMVF)**

**1. Training Measures** - Percent of CSB Direct Services Staff that receive military cultural competency training within 90 days of hire and every 3 years of employment thereafter.

**Benchmark** – 95% of CSB staff delivering direct services to the SMVF population

**2. Identifying SMVF members**

**Measures**- At admission, health records in all program areas will contain a valid entry for the Military Status demographic variable.

AMENDMENT 3  
AMENDED AND RESTATED  
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
EXHIBIT B: Continuous Quality Improvement (CQI) Process  
for Behavioral Health Performance Measures  
**Contract No. P1636.3**

**Benchmark-** The CSB shall ensure the Benchmark of 90% of individuals will have a valid entry at admission for MH/SUD services.

**D. Peer and Family Support Services**

**1. Peer FTEs (STEP-VA Funded)**

- (a) **Measure:** Total number of Peer Support Services FTE offering peer support services in mental health and/or substance use treatment settings funded by STEP-VA allocations.
- (b) **Benchmark:** Year 1 will allow for monitoring and benchmarking.

**2. Peer FTEs (Total)**

- (a) **Measure:** Total number of Peer Support Services FTE offering peer support services in CSB/BHA from all funding sources.
- (b) **Benchmark:** Year 1 will allow for monitoring and benchmarking

**3. Peer Certification and Registration**

- (a) **Measure:** Peer Supporters will obtain certification within 15 months of hire and be registered within 18 months of hire (from the Board of Counseling)
- (b) **Benchmark:** There is not a benchmark at this time as FY24 is the first year collecting this information. We will revisit setting a benchmark next year.

AMENDMENT 3  
 AMENDED AND RESTATED  
 FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
 MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
 EXHIBIT B: Continuous Quality Improvement (CQI) Process  
 for Behavioral Health Performance Measures  
 Contract No. P1636.3

**Attachment 1**



Quality and Data Committees Involved in BH Quality and Data Work



**Behavioral Health Key Performance Area Committee (BH KPAC)**-Works collaboratively internally and externally to establish and refine BH QMS core measures, establish measure benchmarks and track progress toward targets, facilitates the provision of TA, and develops Quality Improvement Initiatives to address systemic issues

**Behavioral Health Risk Management Review Committee (BH RMRC)**-Provides ongoing monitoring of system-level risk management data, including serious incidents and allegations of abuse and neglect and other data in order to identify trends and patterns and make recommendations to promote health, safety and well-being of individuals served across the Commonwealth of Virginia, and develop Quality Improvement Initiatives to address systemic issues.

**Behavioral Health Quality Improvement Committee (BH QIC)**-Serves as the oversight body for the BH Quality Management System of the Department of Behavioral Health and Developmental Services (DBHDS); approves proposed measures and directs the work of the BH KPAC and RMRC

**QORE**-Meets with the SME and data analyst presenting the data/measures to VACSB Q & O to discuss what to expect and how to prepare

**STEP VA Program Workgroup** - Reviews details related to each STEP and strategizes about what is needed, identify potential issues or questions that need to be addressed to meet those needs, reviews and recommends evidence based practices, and approves newly recommended instruments of measure or any proposed changes in the use of existing instruments of measure

**Research and Evaluation Data SMEs Workgroup (READS)**-Works to research and evaluate new instruments of measure; making recommendations to STAC and developing and implementing transition plans for deployment and conduct a preliminary review of newly proposed measures

**SME Data Quality Workgroup**-Addresses known issues within or across CSBs, during the development/testing phase

**STEP VA Advisory Council (STAC)**- Assists DBHDS in the implementation of STEP VA, to create the appropriate regulatory and operational environment to ensure the success of STEP VA

**Virginia Association of Community Services Boards (VACSB) Quality and Outcomes Committee**-Reviews and discusses current and proposed CSB measures; identifying trends by region and statewide; discussing performance reasons at a regional and statewide level

**VACSB Data Management Committee (DMC)**-Operationalizes how the boards configure data collection mechanisms within their respective board EHRs to collect and report data on identified measures

**VACSB DMC Tech**-Conducts a preliminary review of measures

**VACSB Survey Committee**-Reviews and develops surveys used as data collection tools for reporting purposes, when no other mechanisms for data collection and reporting exist

\*Boxes outlined in grey denote CSB involvement

**AMENDMENT 3  
 AMENDED AND RESTATED  
 FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
 MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
 EXHIBIT B: Continuous Quality Improvement (CQI) Process  
 for Behavioral Health Performance Measures  
 Contract No. P1636.3**



**Behavioral Health Quality and Data Committees and Virginia Association of Community Services Boards Data Governance Engagement**

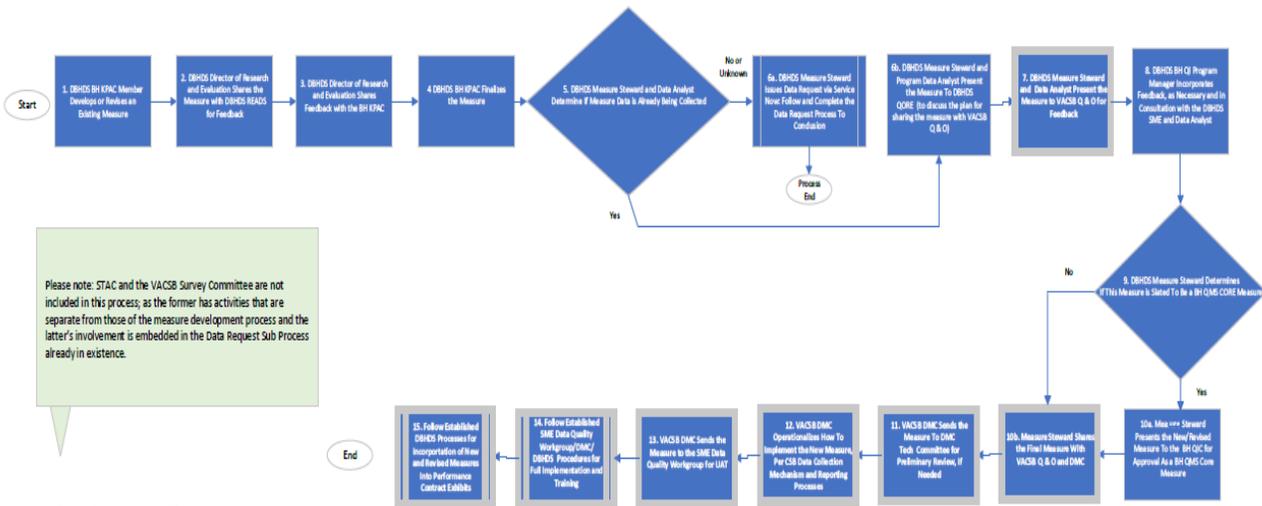


\*Boxes outlined in grey denote CSB involvement

4/12/24



**Behavioral Health Measure Development Process**



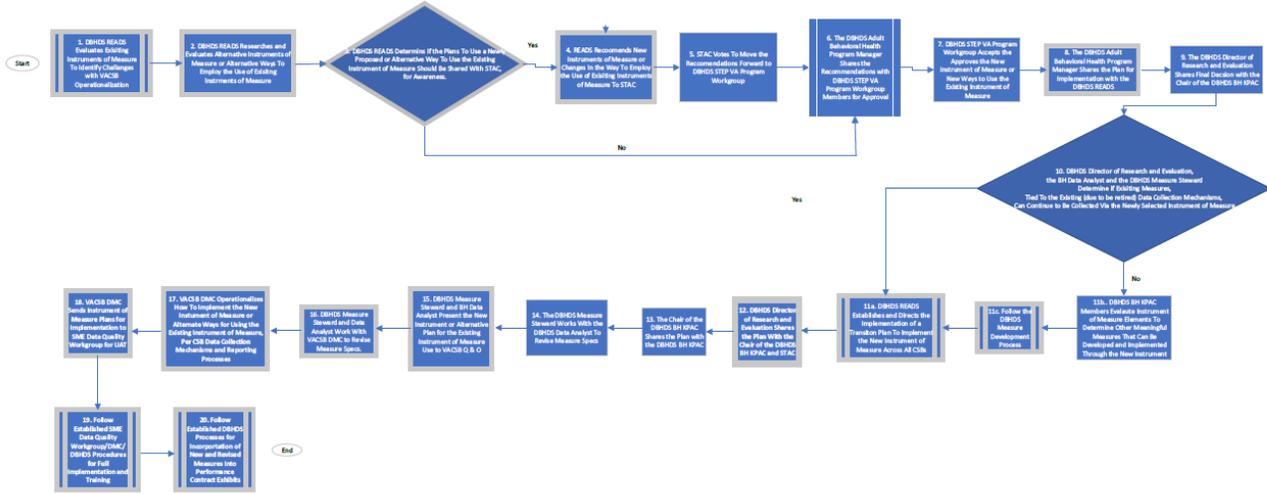
\*Boxes outlined in grey denote CSB involvement

4/12/24

AMENDMENT 3  
 AMENDED AND RESTATED  
 FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT  
 MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT  
 EXHIBIT B: Continuous Quality Improvement (CQI) Process  
 for Behavioral Health Performance Measures  
 Contract No. P1636.3



BH Instrument of Measure Development and Revision Process



\*Boxes outlined in grey denote CSB involvement

4/12/24